## SHEET METAL: WORKERS OF NORTHERN CALIFORNIA PENSION TRUST FUND EMPLOYER'S REPORT OF CONTRIBUTIONS FOR ADMINISTRATION USE ONLY REPORTING DATES MPLOYER NAME & ADDRESS 120 104 Postmark Date: 0666 Local: Phone: 707/794-7943 358201 For Work Performed During: 12/2005 lame: M T B INCORPORATED Deposit Date: 306 Rate Code: -OWNER MEMBER Check Number: 01/10/2006 Contribution Due: P 0 BOX 715 Delinquent If Recieved After: 01/20/2006 Check Amount PENNGROVE CA 94951 Entered By: CONTRACT e Monockieco **BUILDING TRADES** Agreement: 10 Area: 0666 NORTH BAY JOURNEYPERSON, FOREPERSON 2 OWNER MEMBER 310 EMPLOYEE HOURS REPORTED All hours reported should be the actual hours worked and not multiplied by .5, 1,5 or 2. Total Hours Worked includes straight hours worked, overtime hours, and double time hours. Job Class: **SMACNA** Asso.: 81 RATE CODE 306 142 MINIMUM TOTAL DOUBLE **Total Hours Worked Rate** STRAIGHT HOURS **HEALTH CARE** HOURS TIME OVERTIME .00 Health HOURS SOC. SEC. NUMBER **EMPLOYEE NAME** WORKED HOURS HOURS WORKED (Last Name, First Name, Middle Initial) 44-SHC Nor Cal Pension 4.97 560-15-5365 MCGOLDRICK, PETER National Pension 2.06 **Dues Check Off** 2.32 Appr Train 1.00 SMOHIT .02 Industry Prom .65 Supp Pen 1 1.35 Supp Pen 2 .00 Vacation .02(1) 16.83 Total Overtime Hours Rate Supp Pen 2 .000 Vacation <u> 2.010</u> 2.010 (2) Total **Double Time Hours Rate** Supp Pen 2 .00 Vacation 4.02 (3) 4.02 **Total** Minimum Health Care **Hours Rate** Health (4) Total CERTIFICATION

## EMPLOYER

The Employer certifies that the information herein is correct; that this report covers all hours worked or paid during the period for which contributions are required under a written Contribution Agreement, such as written collective bargaining agreements with local unions of the Sheet Metal Workers International Association; and that all payments reported herein are made in accordance with said Contribution Agreements and the applicable Trust Agreements. The undersigned agrees to be bound by all of the terms of the applicable Trust Agreements, including specifically the provisions of each Trust Agreement describing liquidated damages for delinquencies and other obligations of Employers, and authorized the depository bank to transfer the moneys remitted herewith to the appropriate Trusts in accordance with instructions issued by the Trustees thereof and any Joint Services Agreement entered into. The undersigned certifies under penalty of

perjury that he or she is duly authorized by the above-named employer to sign and submit this report on behalf of such Employer. Date /

Certifying Signature Check here if No Hours to report for Rate Code 306. Please retain a copy of the form(s) for your records.

REMITTANCE ADDRESS

CALIFORNIA PENSION TRUST FUND

Total all form(s) and issue one check payable to: SHEET METAL WORKERS of NORTHERN

Remit form(s) and payment to: SHEET METAL WORKERS ATTN: CONTRIBUTION DEPT. PO BOX 45312 SAN FRANCISCO CA 94145-45312

**TOTAL HOURS:** MULTIPLY TOTAL

HOURS BY RATE:

AMOUNT DUE:

2.010 (2) N/A

16.83 (1) 4.02 (3)

7.93 (4)

RATE CODE 306 TOTAL AMOUNT DUE

**ADJUSTMENT** (Note Reason)

EMPLOYER 358201 TOTAL AMOUNT DUE (Check Amount)

EMPLOYER NAME & ADDRESS			R'S REPORT OF CONTRIBUTIONS REPORTING DATES			FOR ADMINISTRATION USE ONLY			
EMPLOYER NAME & ADDRESS  Er#: 358201 Phone: 707/794-7943 0666  Name: M T B INCORPORATED  Addr: -OWNER MEMBER  P O BOX 715  PENNGROVE CA 94951		Local: 104 For Work Performed During: 05/2006 Rate Code: 306 Contribution Due: 06/10/2006 Delinquent If Recieved After: 06/20/2006		006	Postmark Date: Deposit Date: Check Number: Check Amount:				
CONTRACT CONTRACTOR		English (Termination	Caboro Arayayana da			Entered By:			
Area: 0666 NORTH BA	•		LDING TRADES			•			
Asso.: 81 SMACNA	Job Class:		RNEYPERSON, FOR					1- 1	
RATE CODE 306 and a Total Hours Worked Rate	EMPLOYEE HO	URS REPUR	IED AII Nours report Total Hours Wo	ea snovia de inc rked includes st	actual nour raight hours	s worked and no worked, overtim	of multiplied by .5, he hours, and doub	i 3 or 2, le time hours.	
Health .00 SHC .44	SOC. SEC. NUMBER	EMPLOYEE NAN		STRAIGHT HOURS WORKED	OVERTIM HOURS	DOUBLE TIME HOURS	TOTAL HOURS WORKED	142 MINIMUM HEALTH CARE HOURS	
Nor Cal Pension 4.97 National Pension 2.06	560-15-5365	MCGOLDRIC	V DETER	160			150	160	
Dues Check Off 2.32	300-13-3303	MCGOLDKIC	N, FLILK	150	1		100		
Appr Train 1.00 SMOHIT .02					-			V	
Industry Prom .65									
Supp Pen 1 1.35 Supp Pen 2 .00									
Vacation 4.02									
Total 16.83 (1)									
Overtime Hours Rate Supp Pen 2 .000								+ , s (3) - + , s (3) - + , s (4) - + , s	
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Hours Rate									
Health 7.93 (4)				······································					
EMPLOYER				•					
CERTIFICATION									
The Employer certifies that the information herein is correct; that this								, ře	
report covers all hours worked or paid during the period for which									
contributions are required under a written Contribution Agreement, such									
as written collective bargaining agreements with local unions of the									
Sheet Metal Workers International Association; and that all payments									
reported herein are made in accordance with said Contribution									
Agreements and the applicable Trust Agreements. The undersigned agrees				·					
to be bound by all of the terms of the applicable Trust Agreements,				···	<del> </del>				
including specifically the provisions of each Trust Agreement describing									
liquidated damages for delinquencies and other obligations of Employers,								1.000	
and authorized the depository bank to transfer the moneys remitted herewith									
to the appropriate Trusts in accordance with instructions issued by the		i							
Trustees thereof and any Joint Services Agreement entered into. The						-		·	
undersigned certifies under penalty of perjury that he or she is duly authorized by the aboye-named employer to sign and	l automit this record on hebelf	of auch Employer			ļ				
by the above-named employer to sign and	a submitting report on benair of	A MAL	TOTAL HOURS:		ļ				
Certifying Signature	Date Tit	e company	MULTIPLY TOTAL HOURS BY RATE:	N/A	2.010	(2) 4.02 (3)	16.83 <sup>(1)</sup>	7.93 <sup>(4)</sup>	
Check here if No Hours to report		•	AMOUNT DUE:				262440	118950	
REMITE ANCE ADDRE	<u> </u>		HERBIDA HERBIDA		ATE CODE	306 TOTAL AMO	HINT DUE	711/28	
Total all form(s) and issue one check	c payable to: Remit form	(s) and payment to:			MIL GODE	VVV I Y I TE THE		114100	
SHEET METAL WORKERS of NOI California Pension Trust Fu	RTHERN SHEET MI	TAL WORKERS NTRIBUTION DEP		ADJUSTMENT (Note Reason) _					
OMEN OMNET ENGINE INCOLL	PO BOX 4			EMF	PLOYER 358	201 TOTAL AMO	OUNT DUE: ( Amount)		

## SHEET METAL WORKERS of NORTHERN CALIFORNIA PENSION TRUST FUND

Cas	se 3:07-cv-032	EMPLOYER'S R	EPORT OF CO	NTRIBUTI	ONS 200	8 - Page	370175	
EMPLOYER NAME &	ORTING DATE		F	FOR ADMINISTRATION USE ONL'				
Er#: 358201 Phone: 707/766-9790 0666 Local:				104	Р	Postmark Date://		<del></del>
Name: M T B INCORPO			ork Performed During:	•	D	eposit Date:	1 1	
Addr: -OWNER MEMBER 620 PETALUMA		Rate C	oae: bution Due:	306 05/10/20		heck Number:		
PETALUMA CA 9			uent If Recieved After:		<b>107</b>		<del></del>	<del></del>
						heck Amount:		
CONTRACT		<u> </u>	. 1 341		(**************************** <b>E</b>	ntered By:		· · · ·
Area: 0666 NORTH BA Asso.: 81 SMACNA	∖Y Agreement Job Class:		NG TRADES YPERSON, FOR	EPERSON	2 OWNER	MEMBER		
RATE CODE 306		URS REPORTED	) All hours report	ed should be the	e actual hours	worked and no	ot multiplied by .5,	
Total Hours Worked Rate			Total Hours Wo	<u> </u>	raight hours w		e hours, and doub	No. 2016 1995 1995 1995 1995
Health .00 SHC 44	SOC, SEC. NUMBER	EMPLOYEE NAME		STRAIGHT HOURS	OVERTIME	DOUBLE TIME	TOTAL HOURS	142 MINIMUM HEALTH CARE
SHC .44 Nor Cal Pension 5.80		(Last Name, First Name, Middi	e Initial)	WORKED	HOURS	HOURS	WORKED	HOURS
National Pension 1.84	560-15-5365	MCGOLDRICK, F	PETER	80			80	142
Dues Check Off 2.32 Appr Train 1.00								. , , , ,
SMOHIT .02								
Industry Prom .65								_
Supp Pen 1 1.50 Supp Pen 2 .00								
Vacation 5.30								
Total 18.87 (1)								
Overtime Hours Rate								
Supp Pen 2 .000 Vacation 2,650					1			
Total 2.650 (2)				<u> </u>		1		
Double Time Hours Rate								
Supp Pen 2 .00 Vacation 5.30		·		•				
Vacation 5.30 (3)								
Minimum Health Care								
Hours Rate								
Health 8,43 (4)					<u> </u>			
EMPLOYER								
CERTIFICATION								
The Employer certifies that the information herein is correct; that this								
report covers all hours worked or paid				·				
during the period for which contributions are required under a								
written Contribution Agreement, such as written collective bargaining								
agreements with local unions of the Sheet Metal Workers International								
Association; and that all payments reported herein are made in								
accordance with said Contribution Agreements and the applicable Trust								
Agreements. The undersigned agrees to be bound by all of the terms of the								
applicable Trust Agreements,								
including specifically the provisions of each Trust Agreement describing		· · · · · · · · · · · · · · · · · · ·						
liquidated damages for delinquencies and other obligations of Employers,								
and authorized the depository bank to transfer the moneys remitted herewith								
to the appropriate Trusts in accordance with instructions issued by the								
Trustees thereof and any Joint Services Agreement entered into. The								
undersigned certifies under penalty of								
perjury that he or she is duly authorized by the above-named employer to sign a	nd submit this report on behalf	of such Employer.	TOTAL HOURS:				50	140
			MULTIPLY TOTAL					170
Certifying Signature	Date Til	tle	HOURS BY RATE:	N/A	2.650 (	5.30 (3)	18.87 (1)	8.43 (4)
Check here if No Hours to report Please retain a copy of the form(s)			AMOUNT DUE:				1510.	1197.
REMITTANCE ADDRE			l		RATE CODE 3	06 TOTAL AMO	INT DIE 1	707-
Total all form(s) and issue one che		n(s) and payment to:			WIL CODE 3	O TOTAL AMU	7.11 DUE. 1	101.
SHEET METAL WORKERS of NO		ADJUSTMENT (Note Reason) :						
CALIFORNIA PENSION TRUST F		,	PLOYER 3582	O1 TOTAL AMO	UNT DUF:	7/17 97		
PO BOX 45312 EMPLOYER 358201 TOTAL AMOUNT DUE: Check Amount) 2707. 20								

# SHEET METALE WORKERS40FINORTHERN CALIFORNIA PENSION TRUST FUND

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			The contract of the contract o			Postmark Date: U   [4   0 ]			
me: M T B INCORPORATED			For Work Performed During: Rate Code:				(0)90)	•	
ddr: -OWNER MEMBER	NER MEMBER				•	posit Date:	70 01		
620 PETALUMA			ution Due: ent If Received After:	06/10/20		eck Number:		_/	
PETALUMA CA 9	4932-2070	Delinqu	ient if Received Alter.	00/20/20	Ch	eck Amount:	- KY)		
ONTRACT			<u> </u>		En En	tered By:	- A g	= 1000	
rea: 0666 NORTH BA	•		G TRADES PERSON, FOR	EDERSON 3	OWNED	MEMPED	1 Dec.		
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Health .00	SOC. SEC. NUMBER	EMPLOYEE NAME		STRAIGHT HOURS	OVERTIME	DOUBLE TIME	TOTAL HOURS	142 MINIMUM   HEALTH CARE	
SHC .44 Nor Cal Pension 5.80	OOO. GEO. NOMBER	(Last Name, First Name, Middle	initial)	WORKED	HOURS	HOURS	WORKED	HOURS	
National Pension 1.84	560-15-5365	MCGOLDRICK, P	ETER	80			<b>21</b> )	142	
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port covers all hours worked or paid iring the period for which									
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written collective bargaining reements with local unions of the									
neet Metal Workers International sociation; and that all payments						,			
ported herein are made in cordance with said Contribution									
reements and the applicable Trust reements. The undersigned agrees									
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each Trust Agreement describing uidated damages for delinquencies of other philipping of Employees									
d other obligations of Employers, id authorized the depository bank to							······································		
insfer the moneys remitted herewith the appropriate Trusts in accordance				<del>,</del>					
th instructions issued by the ustees thereof and any Joint Services					ļ				
preement entered into. The idensigned certifies under penalty of when the entered in duly authorized.									
rjury that he or she is duly authorized the above-named employer to sign and	d submit this report on behalf	of such Employer.	TOTAL HOURS:	$\mathcal{A}$			90	140	
Jaculla & Can	1 9/0/07	HOCT'A MAK	MULTIPLY TOTAL		0.000 (0)	F 00 /11	40.0- (1)	1 0 10	
ertifying Signature  Check here if No Hours to report	Date ' Titl for Rate Code 306.		HOURS BY RATE:	N/A	2.650 <sup>(2)</sup>	5.30 <sup>(3)</sup>	18.87 (1)	8.43 (4)	
ease retain a copy of the form(s) for			AMOUNT DUE:		<u> </u>		10016	1191100	
EMITTANCE ADDRE	RATE CODE 306 TOTAL AMOUNT DUE: 27/7/				107.00				
tal all form(s) and issue one check payable to: HEET METAL WORKERS of NORTHERN ALIFORNIA PENSION TRUST FUND SHEET METAL WORKERS ATTN: CONTRIBUTION DEPT. PO BOX 45312				ADJUSTMENT		10610100			
			(Note Reason) : /// EMPLOYER 358201 TOTAL AMOUNT DUE:				INT DUE: 77 4		
		NCISCO CA 94145-45312	@ 27~	7 (SC)	LUTEK 358201		Amount)	16/00	
Page 1 of 1 If you have any questions, please call (925) 208-9994.									

Aug 21 200/ 03:20pm P004 Fax: SHEET METAL MORKERS PINORTHERN CALIFORNIA PENSION TRUST FUND
EMPLOYER'S REPORT OF CONTRIBUTIONS FOR ADMINISTRATION USE ONLY REPORTING DATES EMPLOYER NAME & ADDRESS Y-104 0666 358201 Phone: 707/766-9790 Postmark Date: For Work Performed During: 06/2007 Name: M T B INCORPORATED Deposit Date: 306 Rate Code: -OWNER MEMBER 07/10/2007 Check Number: Contribution Due: 620 PETALUMA BLVD NO #C-2 Delinquent If Received After: 07/20/2007 PETALUMA CA 94952-2870 Check Amount: The state of the s Entered By: CONTRACT e emphasis and a second **BUILDING TRADES** Agreement: 10 0666 NORTH BAY JOURNEYPERSON, FOREPERSON 2 OWNER MEMBER Job Class: 310 Asso.: 81 **SMACNA** EMPLOYEE HOURS REPORTED All hours reported should be the actual hours worked and not multiplied by: 5, 15 or 2 Total Hours Worked Includes straight hours worked, overtime hours, and double time hours. RATE CODE 306 **Total Hours Worked Rate** 142 MINIMUM TOTAL DOUBLE STRAIGHT Health .00 TIME HOURS **HEALTH CARE** OVERTIME HOURS EMPLOYEE NAME (Last Name, First Name, Middle Initial) SQC, SEC. NUMBER HOURS SHC WORKED 44 WORKED HOURS HOURS Nor Cal Pension 5.80 National Pension 1.84 560-15-5365 MCGOLDRICK, PETER Dues Check Off 2.32 Appr Train 1.00 SMOHIT .02 Industry Prom ,65 Supp Pen 1 1.50 Supp Pen 2 .00 Vacation - (I) Total 18.87 Overtime Hours Rate Supp Pen 2 .000 Vacation 2.650 2.650 (2) Total Double Time Hours Rate Supp Pen 2 .00 Vacation 5.30 (3) Total 5,30 Minimum Health Care Hours Rate Health Total 8.43 EMPLOYER CERTIFICATION The Employer certifies that the information herein is correct; that this report covers all hours worked of paid during the period for which contributions are required under a written Contribution Agreement, such as written collective bargaining agreements with local unions of the Sheel Melal Workers International Association; and that all payments reported herein are made in accordance with said Contribution Agreements and the applicable Trust Agreements. The undersigned agrees to be bound by all of the terms of the applicable Trust Agreements including specifically the provisions of each Trust Agreement describing figuidated damages for delinquencies and other obligations of Employers. and authorized the depository bank to transfer the moneys remitted herewith to the appropriate Trusts in accordance with instructions issued by the Trustees thereof and any Joint Services Agraement entered into. The undersigned certifies under penalty of perjury hathe or she is duly authorized by the apporengment employer to sign and submit this report on behalted such Employer. TOTAL HOURS: MULTIPLY TOTAL 18.87 (1) 8.43 (4) 5.30 <sup>(3)</sup> 2.650 (A) N/A HOURS BY RATE: Date Certifying Signature Check here if No Hours to report for Rate Code 306. AMOUNT DUE: Please retain a copy of the form(s) for your records.

RATE CODE 306 TOTAL AMOUNT DUE:

(Check Amount)

ADJUSTMENT

(Note Reason)

Remit form(s) and payment to:

ATTN: CONTRIBUTION DEPT.

SHEET METAL WORKERS

PO BOX 45312

REMITTANCE ADDRESS Total all form(s) and issue one check payable to:

SHEET METAL WORKERS of NORTHERN

**CALIFORNIA PENSION TRUST FUND**